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AUTHOR	Kintgen, Jean
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ABSTRACT

This review and analysis of literature concerning career ladders and lattices in health occupations education should aid researchers and practitioners in assessing the current "state of the art" in the field. Using the resources of the ERIC Clearinghouse on Vocational and Technical Education, a computer and manual search of documents dating back to 1966 yielded a bibliography of 56 entries intended to aid individuals in developing programs and/or doing research. The documents include content directly related to the ladder or lattice concepts and are presented under the following headings: (1) Conference Reports, (2) Curriculum Development Studies, (3) Papers and Speeches, (4) Program Descriptions and Evaluations, (5) Program Guides (New Career Concepts), and (6) Other. Bibliographic information includes the author, name of document, and the source of document. (JS)

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Interpretation of Literature

on Career Ladders

and Lattices in

Health Occupations Education

ERIC

Clearinghouse on Vocational
and Technical Information

VT011 728

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INTERPRETATION OF LITERATURE ON CAREER LADDERS AND LATTICES IN HEALTH OCCUPATIONS EDUCATION

Jean Kintgen

Chairman
Division of Health Occupations
Columbus Technical Institute
Columbus, Ohio

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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This publication has been prepared for distribution to selected agencies and individuals on a complimentary basis as permitted by funding under the terms of the federal contract. Additional copies have been produced from local funds for distribution on a cost recovery basis to assure wider dissemination of the document.

PREFACE

This review and analysis of literature concerning career ladders and lattices in health occupations education should aid researchers and practitioners in assessing the current "state of the art" in the field. The compact nature of the review should be of assistance to practitioners in identifying current research findings and innovative practices to improve operating programs. It should also assist in identifying voids in our present research framework and enhance future studies, both in terms of their substantive focus and methodological approaches.

This review and analysis is one of a series of information analysis papers released by the ERIC Clearinghouse on Vocational and Technical Education. ERIC publications were the source of cited literature. Where ERIC document numbers and ERIC Document Reproduction Service (EDRS) prices are cited, the documents are available in microfiche and hard copy forms.

The profession is indebted to Jean Kintgen for her scholarship in the preparation of this report. Recognition is also due Harold Rowe, Chico State College, California and Lewis Holloway, University of Iowa for their critical review of the manuscript prior to its final revision and publication. J. David McCracken, information specialist at The Center, coordinated the publication's development.

Members of the profession are invited to offer suggestions for improvement of information analysis papers and to suggest specific topics or problems for future reviews.

Robert E. Taylor
Director
The Center for Vocational and
Technical Education
ERIC Clearinghouse on Vocational
and Technical Education

INTRODUCTION

The Problem

"Although there are many new occupations developing in the health service field, there are, as yet, few 'new careers,' if these are to be defined as a progressive series of positions of increasing responsibility, remuneration, and status. To a considerable degree, the health field is still characterized as a series of closed occupations." These conclusions of Teeple (1968) clearly identify a problem which is receiving attention in health service, educational, and governmental spheres. The need for personnel in the health areas—medicine, nursing, dentistry, physical therapy, occupational therapy, medical laboratory, medical records, etc.—at various levels seems to be unquestioned; and education has responded with a multiplicity of programs to prepare aides, "assistants," and technical workers as well as professional personnel. But there is growing concern about the lack of provision for vertical and horizontal mobility in the emerging educational patterns.

Education for nursing may best illustrate the problem of vertical "immobility" since in the nursing area there has been a fairly long history of attempting to deal with the need for practitioners other than the professional. The complex pattern of basic educational programs which has resulted includes: 1) nurse aide training, formerly offered only by the employing institution on an on-the-job basis but, more recently, also offered under the auspices of public school systems; 2) the practical nurse program, generally under the control of a hospital or public school system and about one year in length; 3) the associate degree program, most frequently in a community or junior college and about two years in length; 4) the diploma program, usually under the control of a hospital and about three years in length; and 5) the baccalaureate program, usually under the control of a senior college or university and about four years in length. These programs have been quite separate entities and until recently there has been little effort directed toward articulation in any form. The rationale has been that the student can and should be assisted in choosing the program appropriate to his goals and qualifications.

Although the history of multiple levels is shorter in the other health areas and, in most cases, the patterns are less complex, provisions for smooth transition from one level to another seem to be lacking in all areas. Education for occupational therapy might be cited. In addition to professional education, there are various kinds of informal on-the-job training as well as formal programs ranging in length from four months to two years. Likewise, preparation for practice in the medical laboratory includes, in addition to professional education, various kinds of on-the-job training, one year laboratory assistant programs, two year associate degree programs, and specialized histologic technician (one year) and cytotechnology (one year following two years of college) programs. Concern about articulation in the occupational therapy and medical laboratory areas is also growing.

Although it is fairly obvious that workers in different areas of the health field utilize many of the same scientific understandings in their practice, the individual moving horizontally from the area in which he has begun his basic preparation probably will meet with difficulty. Most likely he will find that, except for credit for general education courses which he may have taken, he must start anew as if he had had no previous education in the field. Efforts to identify commonalities have been quite recent and separateness of curriculums has been the rule. Of course, all of the complexities of vertical mobility within each of the individual health areas have a bearing upon horizontal mobility between areas.

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INTERPRETATION OF LITERATURE ON CAREER LADDERS AND LATTICES IN HEALTH OCCUPATIONS EDUCATION

THE NATURE OF THE BIBLIOGRAPHY

Purpose

Those concerned with the problem described have become aware of a growing volume of pertinent writings. This bibliography is intended to bring together the diverse kinds of documents which might assist individuals developing programs and/or doing the needed research related to ladder and lattice concepts (or vertical and horizontal mobility) in both the educational and employment aspects of the health field.

Compilation

The bibliography was compiled by a computer search through August 1969 and a supplementary manual search through June 1970 of *Research in Education (RIE);* a manual search of *Abstracts of Research and Related Materials in Vocational and Technical Education (ARM)* through Spring 1970; and a manual search of the Clearinghouse collection.

Descriptors chosen for the computer search were HEALTH OCCUPATIONS or PARAMEDICAL OCCUPATIONS and:

Advanced Placement	High School
Articulation	Improvement
Cluster	Job Development
Core Curriculum	Secondary level
Disadvantage	Transfer Credit
Educational Mobility	Occupational Aspiration
Grade 12	Occupational Mobility
Equivalency Tests	Vocational Development

The identifier "New Careers" also was utilized.

Of the 57 documents identified by the computer search of RIE, 20 were selected. The manual search identified 36 additional documents.

Scope

The 56 documents in the bibliography either include content directly related to the ladder and/or lattice concepts or present clearcut implications for such. (Often these concepts are not the principal tenets of the documents.) It is recognized that the researcher or program developer will find implications for ladder and lattice concepts in a wide variety of other documents such as straightforward curriculum plans, job analyses, accreditation standards, and licensing regulations, but this kind of coverage would have been almost without limit and therefore seemed impractical. It is assumed that the user will be able to locate these additional documents through the ERIC system in accordance with his specific interest.

Organization

The bibliography is organized in terms of the form of the document under the following headings: Conference Reports, Curriculum Development Studies, Papers and Speeches, Program Descriptions and Evaluations, Program Guides (New Careers Concepts), and "Other." The headings Curriculum Development Studies, Program Descriptions, and Program Guides give the clearest indication of the content of the documents represented. The conference reports, papers and speeches, and "other" documents generally are not devoted to any single aspect of the subject area.

INTERPRETATION OF LITERATURE

From the literature reviewed, several clear but overlapping areas of interest emerge as relevant to educational and career mobility in the health field: 1) occupational analysis, 2) curriculum analysis, 3) articulation between educational levels, 4) equivalency credit, and 5) career opportunities for the disadvantaged.

Occupational Analysis.—Exemplary of the use of occupational analysis in the health field are two extensive projects which have proceeded along very different lines. The objectives of the UCLA Allied Health Professions Projects (*The Background, The Program, The People,* 1970) are to create curricula and instructional materials for allied health functions that can be taught appropriately in programs through the associate degree level and to develop in-service and preservice programs for those health related occupations in which on-the-job training plays a primary role. Twenty-two clinical and facility support areas are under study and the basis of curriculum development is task analysis which involves study of the appropriateness of tasks to different categories of personnel as well as the frequency and criticality of these tasks. The outcomes of the study are expected to have strong implications for vertical and lateral mobility.

An analysis of the existing occupational structure of Civil Service jobs in New York City hospitals was undertaken as the first part of the Health Services Mobility Study (Gilpatrick and Corliss, 1969). Two hundred and thirty-two titles covering 36,000 employees were involved. The analysis takes into consideration an exhaustive collection of factors which define individual jobs and relate them to each other. On the basis of the findings, proposals were made for facilitating staffing and upward mobility. The purpose of the second part of the study is to arrive at a new job design methodology for a longer-run manpower development, while the third part is to arrive at a curriculum design to parallel job mobility proposals.

In an institute on short-term teacher education activities (Holloway, 1970), two speakers suggested conceptual models for occupational analysis basic to curriculum development. Jacob Stern presented a matrix which utilizes degree of complexity and frequency of tasks as factors. Another matrix which utilizes domain of behavior (psychomotor, affective, cognitive), and objects of behavior (people, data, things) was introduced. Other factors involved in occupational analysis were also discussed. Robert M. Tomlinson presented a model for the medical laboratory field based upon the hierarchy of levels of knowledge in

Bloom's *Taxonomy of Educational Objectives*. Implications for mobility are in these models.

Curriculum Analysis.—Representative of the interest in curriculum analysis for commonalities is the study by Wallenstien (1968) in which instructors and practitioners representing 12 health occupations rated the importance in the various occupations of 279 items of knowledge from the natural and behavioral sciences. In another study by Fullerton (1969), health occupations educators identified common courses in 126 educational programs in 20 career areas. A third document, the Oregon *Curriculum Guide for Health Occupations* (1969), presents occupational analysis data used to identify a core for secondary health occupations programs. Skills and knowledges have been identified for nine job titles by advisory committees. The identification of curriculum commonalities has obvious implications for mobility in the health occupations.

Articulation Between Educational Levels.—A paper by Kingston (1969) recommends a continuum from the junior high school to baccalaureate and higher degrees. This continuum, says the author, must be supported by a consortium including the public schools, community colleges, senior educational institutions, medical schools, and hospitals. In keeping with this line of thinking, Kincaid and Hamilton (1968) report that one school which participated in the Richmond pretechnical plan established a health occupations program which prepared for entry level positions as well as for more advanced study in the health occupations at the post-secondary level. Although the Rocky Mountain Educational Laboratory rural health occupations curriculum development project (Colgan, 1969) was terminated before it met all its goals, the rationale is notable in that it emphasizes the overlap between general education and health occupations education which could be utilized to advantage and encourages involvement of secondary teachers as partners in the preparations of students for the health field.

Equivalency Credit.—A Blueprint for the Education of Nurses in New York State (1967) endorses career advancement of graduates of practical nurse and diploma programs through the state university proficiency examination program. *The Hunter College Municipal Nursing Program Fact Sheet* (1969) indicates that credit is given to practical nurse employees of the New York City Department of Hospitals entering this special registered nurse program. A similar effort is the project of Providence Hospital School of Nursing, Southfield, Michigan, *Reorganization of Curriculum Content to Permit Licensed Practical Nurses Who Meet Recommended Criteria Advanced Standing in a Diploma Program* (1969). Papers presented at a conference of the National League for Nursing Council of Practical Nursing Programs (*Stepping Stones in Nursing,* 1970) report programs which give credit for nurse aide experience in a practical nurse program and for practical nurse education in associate degree and diploma nursing programs. Transfer credit from associate degree to baccalaureate nursing education is also discussed.

Closely related to the concept of equivalency credit but really a separate kind of approach is that being undertaken by two programs in Iowa (*Stepping Stones in Nursing*, 1970). Practical nursing students and associate degree nursing students are together for their nursing courses through the first three quarters of their programs.

Career Opportunities for the Disadvantaged.—Riessman and Popper (1968) provide a discussion of the New Careers movement to provide careers for poor nonprofessionals as an economic and social reform. Proposals for careers in the various fields including health are included. Lynton (1968) in two separate papers discusses New Careers potentials "in the hospital" and "beyond the hospital." Three approaches are compared for developing careers in the hospital: 1)facilitating the progress of aides through the established educational process, 2) siphoning off managerial and technical functions performed by nurses and creating new subprofessional job categories, and 3) creating a new subprofessional career sequence in patient care by redesigning the aide functions and intensifying in-service on-the-job training. Work "beyond the hospital" in extended care facilities, out-patient clinics, and the community is seen as another potential for promotion from entry level positions in the hospital. Assistance for the implementation of the New Careers philosophy in the development and operation of training programs is provided in a variety of program guides.

Trends in Literature.—Any conclusion of definite trends from this limited review would be unwarranted, but some observations may be indicative of trends. First, literature related to ladder and lattice concepts is increasing. Secondly, in place of very general statements about the need for mobility and very general proposals for action, "experimental" educational programs intended to increase career mobility of personnel are actually in operation. Finally, the appearance of large scale research approaches such as the UCLA Allied Health Professions Projects and the Health Services Mobility Study of the New York City Municipal Hospitals is probably significant.

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